116TH MEETING OF THE NATIONAL CANCER ADVISORY BOARD (NCAB)
MEETING OF THE AD HOC SUBCOMMITTEE ON CLINICAL INVESTIGATIONS

December 5, 2000, from 12:00 p.m. to 1:00 p.m.
National Institutes of Health
Bethesda, Maryland

Dr. Larry Norton chaired the meeting of the Ad Hoc Subcommittee on Clinical Investigations with Dr. Ellen Feigal, Deputy Director of the National Cancer Institute's (NCI) Division of Cancer Treatment and Diagnosis serving as Executive Secretary. The meeting focused on the issues surrounding the release of outcome data by Data Safety Monitoring Boards (DSMBs) to study committees.

The Subcommittee chair indicated that the purpose of this meeting was to decide on actions needed to address concerns about the NCI's policy regarding the release of preliminary outcome data from clinical trials conducted by NCI's Cooperative Groups or interpretation of the policy by the Cooperative Groups. Some members of the subcommittee were concerned that DSMBs may unnecessarily delay the release of preliminary clinical trial results to study planning committees by rejecting formal or informal requests for these preliminary data. Study committees sometimes seek preliminary outcome data to plan followup studies, check for statistical problems, and other reasons.

Subcommittee members have questioned whether the NCI Cooperative Group guidelines should change to allow for routine release of outcome data after the last patient is randomized, or randomized treatment is completed. Various reasons to release or not release immature data were discussed at the last subcommittee meeting. A participant in this meeting added that prematurely released data may lead to several trials being generated, which later turn out to be wasted efforts.

A conference call was held on December 4, 2000, to discuss the NCI Cooperative Group guidelines and DSMB issues. Participants in the conference call were Drs. Chuck Coltman and John Crowley and Stephanie Williams of SWOG, Dr. Steve George of CALGB, and Dr. Ed Korn from the Biometrics Research Branch, Cancer Therapy Evaluation Program, NCI, and Drs. Larry Norton, and Ellen Feigal of the Subcommittee. Dr. Norton also requested, and received, input on these issues via e-mail. The input received by Dr. Norton as well as the recommendations made during the conference call were varied. Some respondents indicated that data should never be released before a statistically valid endpoint is reached. Other respondents indicated that data should be released at every stage of a trial.

Participants in today's meeting made the following suggestions regarding the release of outcome data before a trial is completed:

- Allow only the principal investigator and other key people who are planning followup studies to have access to immature trial data that may be relevant to their study.

- Require investigators to establish milestones in the design of the study establishing when data can be released. This is a common practice in larger trials, but many RO1 investigators and other recipients of smaller grants may not plan for the release of their data in the study design. Clinical Trials conducted outside the Cooperative Groups should be a separate topic for discussion.

Participants at this meeting noted that procedures exist for accessing data, but some members suggested these procedures could be less cumbersome. Participants also indicated that, although guidelines exist, there are no uniform standards for DSMBs releasing data. Early release of data may be especially problematic in inter group studies. Decisions for early release of inter group study data usually are made on a group-by-group basis.

Next Steps

The subcommittee chair suggested several possible next steps for addressing the data release issue, including:

- Send out a memorandum to respecify NCI guidelines for releasing preliminary outcome data.
- Conduct a formal study of requests for preliminary data and the outcomes of these requests.
- Educate investigators regarding the availability of outcome data before trial endpoints are reached and how to access these data.

Recommendations

Participants disagreed as to whether or not most reasonable requests for preliminary data from NCI-funded studies were granted. Some information exists regarding the percentage of formal requests for preliminary data that are granted. However, little information is available regarding the outcome of informal requests for preliminary data. The chair suggested that more information be collected regarding the outcome of requests for preliminary data before any recommendations are made to alter or maintain NCI guidelines for the release of study data. Participants agreed to conduct further discussions with the NCI about collecting this type of information. Questions that need to be addressed at these discussions include:

- How can information on the requests to DSMBs and their outcomes be systematically collected?
- What type of information on requests to DSMBs needs to be collected?

Larry Norton, M.D.
Chairman

Ellen Feigal, M.D.
Executive Secretary